

## **CONFERENCE COMMITTEE REPORT DIGEST FOR EHB 1872**

**Citations Affected:** IC 12-15; IC 34-6-2-117.

**Synopsis:** Health. Requires the Medicaid primary care case management program and the risk-based managed care program to cover and pay for certain emergency and post-stabilization care services. Specifies reimbursement levels for certain emergency and post-stabilization care services. Amends the definition of "emergency" for purposes of the children's health insurance program. Amends the definition of "professional health care provider" concerning a nonprofit health care organization. Removes expiration provision from the statute requiring that, under the Medicaid primary care case management program, certain physician services provided to a program enrollee in a hospital emergency department must be at a rate equal to 100% of rates payable under the Medicaid fee structure. (The introduced version of this bill was prepared by the interim study committee on Medicaid oversight.) (This conference committee report: (1) removes the expiration date on the statute regarding payment rates for Medicaid emergency room services; and (2) amends the definition of "professional health care provider" concerning a nonprofit health care organization.

**Effective:** Upon passage; July 1, 2001; January 1, 2002.

## CONFERENCE COMMITTEE REPORT

**MR. PRESIDENT:**

*Your Conference Committee appointed to confer with a like committee from the House upon Engrossed Senate Amendments to Engrossed House Bill No. 1872 respectfully reports that said two committees have conferred and agreed as follows to wit:*

that the House recede from its dissent from all Senate amendments and that the House now concur in all Senate amendments to the bill and that the bill be further amended as follows:

- 1 Delete the title and insert the following:
- 2 A BILL FOR AN ACT to amend the Indiana Code concerning health.
- 3 Page 2, line 26, delete "." and insert "**or, under the circumstances**
- 4 **described in IC 12-15-12-17(b)(3), to improve or resolve the**
- 5 **enrollee's condition.**".
- 6 Page 2, line 30, delete "Primary Care Case Management" and insert
- 7 "**primary care case management**".
- 8 Page 2, line 31, delete "Risk-Based Managed Care" and insert
- 9 "**risk-based managed care**".
- 10 Page 2, line 34, delete ", presenting" and insert "**who presents**".
- 11 Page 3, line 22, delete "and other covered services".
- 12 Page 4, line 13, delete "and".
- 13 Page 4, line 14, delete "other covered services".
- 14 Page 4, line 18, delete "and other covered services".
- 15 Page 4, line 20, delete "and other covered services".
- 16 Page 5, line 2, after "program" insert ";".
- 17 Page 5, line 2, begin a new line blocked left beginning with "who".
- 18 Page 5, between lines 27 and 28, begin a new paragraph and insert:
- 19 "SECTION 11. IC 12-15-15-2.5, AS AMENDED BY P.L.245-1999,
- 20 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
- 21 JULY 1, 2001]: Sec. 2.5. (a) Payment for physician services provided
- 22 in the emergency department of a hospital licensed under IC 16-21

1 must be at a rate of one hundred percent (100%) of rates payable under  
2 the Medicaid fee structure.

3 (b) The payment under subsection (a) must be calculated using the  
4 same methodology used for all other physicians participating in the  
5 Medicaid program.

6 (c) **For services rendered and documented in an individual's**  
7 **medical record**, physicians must be reimbursed for federally required  
8 medical screening exams **that are necessary to determine the**  
9 **presence of an emergency** using the **appropriate** Current Procedural  
10 Terminology (CPT) codes 99281, 99282, or 99283 described in the  
11 Current Procedural Terminology Manual published annually by the  
12 American Medical Association, without authorization by the enrollee's  
13 primary medical provider.

14 (d) Payment for all other physician services provided in an  
15 emergency department of a hospital to enrollees in the Medicaid  
16 primary care case management program must be at a rate of one  
17 hundred percent (100%) of the Medicaid fee structure rates, provided  
18 the service is authorized, prospectively or retrospectively, by the  
19 enrollee's primary medical provider.

20 (e) This section does not apply to a person enrolled in the Medicaid  
21 risk-based managed care program.

22 ~~(f) This section expires July 1, 2001.~~

23 SECTION 12. IC 34-6-2-117, AS AMENDED BY P.L.60-2000,  
24 SECTION 29, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
25 JANUARY 1, 2002]: Sec. 117. "Professional health care provider", for  
26 purposes of IC 34-30-15, means:

- 27 (1) a physician licensed under IC 25-22.5;
- 28 (2) a dentist licensed under IC 25-14;
- 29 (3) a hospital licensed under IC 16-21;
- 30 (4) a podiatrist licensed under IC 25-29;
- 31 (5) a chiropractor licensed under IC 25-10;
- 32 (6) an optometrist licensed under IC 25-24;
- 33 (7) a psychologist licensed under IC 25-33;
- 34 (8) a pharmacist licensed under IC 25-26;
- 35 (9) a health facility licensed under IC 16-28-2;
- 36 (10) a registered or licensed practical nurse licensed under  
37 IC 25-23;
- 38 (11) a physical therapist licensed under IC 25-27;
- 39 (12) a home health agency licensed under IC 16-27-1;
- 40 (13) a community mental health center (as defined in  
41 IC 12-7-2-38);
- 42 (14) a health care organization whose members, shareholders, or  
43 partners are:
  - 44 (A) professional health care providers described in subdivisions  
45 (1) through (13);
  - 46 (B) professional corporations comprised of health care  
47 professionals (as defined in IC 23-1.5-1-8); or
  - 48 (C) professional health care providers described in subdivisions  
49 (1) through (13) and professional corporations comprised of  
50 persons described in subdivisions (1) through (13);
  - 51 (15) a private psychiatric hospital licensed under IC 12-25;

- 1 (16) a preferred provider organization (including a preferred
  - 2 provider arrangement or reimbursement agreement under
  - 3 IC 27-8-11);
  - 4 (17) a health maintenance organization (as defined in
  - 5 IC 27-13-1-19) or a limited service health maintenance
  - 6 organization (as defined in IC 27-13-34-4);
  - 7 (18) a respiratory care practitioner licensed under IC 25-34.5;
  - 8 (19) an occupational therapist certified under IC 25-23.5;
  - 9 (20) a state institution (as defined in IC 12-7-2-184);
  - 10 (21) a clinical social worker who is licensed under IC 25-23.6-5-2;
  - 11 (22) a managed care provider (as defined in IC 12-7-2-127(b)); ~~or~~
  - 12 (23) a nonprofit health care organization affiliated with a hospital
  - 13 that is owned or operated by a religious order, whose members are
  - 14 members of that religious order; **or**
  - 15 **(24) a nonprofit health care organization with one (1) or more**
  - 16 **hospital affiliates."**
  - 17 Renumber all SECTIONS consecutively.
- (Reference is to EHB 1872 as printed April 6, 2001.)

**Conference Committee Report**  
**on**  
**Engrossed House Bill 1872**

**S**igned by:

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Representative Brown C  
Chairperson

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Senator Miller

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Representative Dillon

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Senator Smith S

**House Conferees**

**Senate Conferees**